

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580400

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.	IND.	DEP.	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.
1	/	/	/		51					
2	/	/	/		52					
3	/	/	/		53					
4	/	/	/		54					
5	/	/	/		55					
6	/	/	/		56					
7	/	/	/		57					
8	8	8	/		58					
9	8	8	/		59					
10	8	8	/		60					
11			/		61					
12			/		62					
13			/		63					
14			/		64					
15			/		65					
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43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.			1							
TOTAL DEP.		13								
TOTAL CLAIMS		14								

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
IND.	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.	IND.	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.	
51					51					
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100					100					
TOTAL IND.			1							
TOTAL DEP.		13								
TOTAL CLAIMS		14								

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